



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES July 13, 2006

APPROVED
9/14/06

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC (cont.)	HIV/EPI AND OAPP STAFF
Carla Bailey, <i>Co-Chair</i>	Jocelyn Woodward	Terri Goens	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Fariba Younai	Jessie Gruttadaria	Kyle Baker
Ruben Acosta		Miki Jackson	Angela Boger
Al Ballesteros		Lee Kochems	Monique Collins
Robert Butler	MEMBERS ABSENT	Phoebe Liu	Marcy Fenton
Charles Carter		Victor McKamie	Rochelle Floyd
Mario Chavez	Daisy Aguirre	Elizabeth Mendia	Michael Green
Nettie DeAugustine	Carrie Broadus	Naluce Morris	Terina Keresoma
Whitney Engeran	Alicia Crews-Rhoden	Siri Parrent	True Pawluk
Hugo Farias	Precious Jackson	Jane Price	Mario Pérez
Douglas Frye	Davyd McCoy	Ricki Rosales	David Pieribone
William Fuentes	Gloria Pérez	Jill Rotenberg	Sophia Rumanes
David Giugni	Wendy Schwartz (<i>on leave</i>)	Natalie Sanchez	Jacqueline Rurangirwa
Terry Goddard	Jonathan Stockton	James Smith	Michael Squires
Elizabeth Gomez		Melanie Sovine	Gloria Traylor-Young
Jeffrey Goodman		Tania Trillo	Lanet Williams
John Griggs	PUBLIC	Brigitte Tweddell	Juhua Wu
Richard Hamilton		Chris Villa	
Jan King	Alicia Avalos	John Villegas-Gruggs	COMMISSION STAFF/CONSULTANTS
Brad Land/Dean Page	Em Arpawong	Walter Ward	
Kevin Lewis	Cinderella Barrios-Cernik	Vanesa Watley	Virginia Bonila
Anna Long	Kafi Battersby	Marvin White	Miguel Fernandez
Ruel Nollado	Diana Baumbauer	Jan Wise	Marc Hauptert
Quentin O'Brien	Gordon Bunch	Patricia Woody	Jane Nachazel
Everardo Orozco/Ron Snyder	Eric Daar	Rocio Young	Glenda Pinney
Angélica Palmeros	Lisa Fisher		Doris Reed
James Skinner/Susan McGinnis	Susan Forrest		James Stewart
Gilbert Varela	Idabelle Fosse		Craig Vincent-Jones
Kathy Watt	Toni Frederer		Nicole Werner

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1. **CALL TO ORDER:** Mr. Braswell and Ms. Bailey called the meeting to order at 9:15 am. Due to initial lack of quorum, Public Comment and Co-Chairs Report, Part A, were addressed prior to roll call and resumption of the ordinary course of the meeting.
 - A. **Roll Call:** Mr. Vincent-Jones called the role and confirmed quorum.
2. **APPROVAL OF AGENDA:** Mr. Braswell presented the agenda.
MOTION #1: Approve the Agenda Order, as revised (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
 - **June 8, 2006:** Mr. Braswell presented the minutes.**MOTION #2:** Approve the minutes from the June 8, 2006 Commission on HIV meeting (*Passed by Consensus*).
4. **PARLIAMENTARY TRAINING:** Mr. Stewart reminded the body that the two-minute speaking rule was in effect. He added that members may not speak a second time to an issue until all who wish to do so have had the opportunity, and that members may not speak more than twice to an issue without permission of the body.
5. **PUBLIC COMMENT, NON-AGENDIZED:**
 - Jill Rotenberg, JWCH Institute, announced that the SPA 4 Service Provider Network monthly meeting would be July 20th at the California Endowment. She said lunch would be served at the 12:00 noon meeting and asked interested parties to RSVP.
6. **COMMISSION COMMENT, NON-AGENDIZED:** There were no additional comments.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** Mr. Land said either a California superior court or the California Supreme Court had recently found a ruling regarding HIV risk behavior and the discovery of medical information.
 - ➡ He requested, and it was agreed, that the Public Policy Committee would follow-up on the matter.
8. **CO-CHAIRS' REPORT:**
 - A. **YR 16 Title I Award/Application:**
 - Mr. Braswell noted the packet included a summary of the Title I application review facilitated by Emily Gantz McKay June 29th. Also in the packet are a PowerPoint of Ms. Gantz McKay's presentation, a matrix of application requirements and points, and a matrix evaluating application strengths and weaknesses.
 - He added that she confirmed the YR 16 application was strong and that there were, as suspected, issues with how HRSA scored the application process.
 - B. **Annual Meeting:**
 - Mr. Braswell said that the Executive Committee would coordinate the annual meeting this year rather than designate a separate work group. A memorandum in the packet summarizes discussions to date for the November meeting.
 - Changes from previous years under consideration are: reducing the meeting to one day and choosing a site on cost efficiency rather than SPA rotation.
 - The two proposed topics are: unmet need and outcomes. Diane Burbie has indicated she would not be able to facilitate the meeting this year. A new facilitator will be chosen based on the designated topic.
 - C. **Executive Committee At-Large Nominations:**
 - Mr. Braswell announced that nominations were open for the vacant Executive Committee At-Large seat.
 - Nominations can be submitted to Mr. Vincent-Jones anytime prior to the election at the September 14th meeting.
 - Mr. Land asked about other vacancies. Mr. Vincent-Jones said there were no other full vacancies, but a policy was being developed for long-term leaves of absence.
 - D. **August Meeting:** The August meeting was cancelled.
9. **EXECUTIVE DIRECTOR'S REPORT:**
 - A. **YR 16 Conditions of Award:**
 - Mr. Vincent-Jones called attention in the packet to the most recent Conditions of Award (COAs) submitted to HRSA by OAPP: the Annual Progress Report, including the implementation plan, and the Financial Status Report. The Commission contributes sections pertaining to the planning council.

B. Communications with HRSA: Mr. Vincent-Jones reported the Commission has now submitted five letters to HRSA: three FOIA requests, a FOIA appeal and a request for a project officer site visit. He responded to questions from Mr. Engeran and Mr. Land that the health deputies are regularly advised of such interactions. He noted that the request for a project officer visit would probably be declined because they did not feel they could add any benefit.

1. **FOIA # 2 Response:** The second FOIA request was for formula information about how scores and rankings were calculated. It was possible to determine the last two years of scores and rankings for all EMAs from the response received. A table was in the packet. It shows LA County moving from 2nd two years ago to 27th this year.
2. **FOIA # 3 Response:** The third FOIA request, he continued, was submitted jointly by the Department of Public Health and the Commission raising concerns about the Title I scoring and evaluation process. HRSA's response varies only a little from the information provided by Ms. Gantz McKay based on reports of people involved in the process.
3. **FOIA #3 Appeal—YR 15 & 16 Title I Scores/Rankings:** The request for a point breakdown per section was declined. That decision has been appealed both because the information would be helpful analyzing the application and because, if not actually available, as their letter states, it calls the final score into question.
4. **FOIA Requests—Miscellaneous:**
 - The first FOIA request asked for information about how the COAs were used. While the request had not been answered directly, he said the information was received in other materials, specifically that 10 points were added for them and that LA County lost 2 points based on a retroactive due date decision.
 - Mr. Vincent-Jones said it was agreed in the meeting facilitated by Emily Gantz McKay to advocate for a change in the evaluation and scoring process. Having for the most part exhausted the FOIA process, the next level of advocacy must be by Congressional representatives.
 - Mr. Engeran asked if the Commission should consider other routes of resolution, and whether or not County Counsel should be consulted. The group felt that no additional FOIA interaction would be prudent or productive, and reiterated that the only real resolution could come through the work of the Los Angeles Congressional delegation.
 - Ms. Gantz McKay evaluated "unmet need" and "MAI" as the weakest application sections. While there is already a MAI Subcommittee, one will be begun on unmet need. In addition, a survey to all providers will attempt to assemble all unmet need information.
 - More active community participation will be encouraged for the YR 17 application process.

C. Miscellaneous: Mr. Vincent-Jones said that in order to avoid conflict-of-interest, he was reporting on recent Board action that would ordinarily be brought forward by the Finance Committee.

1. **Budget Allocation from Board of Supervisors (BOS):**
 - The BOS allocated \$2.2 million to OAPP in order to protect contracts from reductions this year. There should also be a small amount of funding to better prepare for potential shifts in funding due to Reauthorization.
 - Mr. Vincent-Jones praised provider and community advocacy efforts for the funds.
 - Of the \$1.6 million administrative cut proposed by OAPP in October 2005, \$800,000 has already been mitigated by cost savings. Mr. Vincent-Jones noted the Commission has advised the BOS that their allocation should be for services, rather than to backfill administrative cuts.
2. **Thank You Letter to Board of Supervisors:** The memorandum was included in the packet.
3. **CAO Report Proposing \$2.2 Million Allocation:** This was included in the packet.
4. **Commission Response to CAO Report:** This was included in the packet.

10. STATE OFFICE OF AIDS REPORT: There was no report.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Mr. Pérez noted that, regarding outstanding budget items, OAPP had informed the Commission some months previous that it was operating with a \$1.6 million deficit. The deficit was caused by several outstanding charges that had not been anticipated. Over the last several months, OAPP has identified resources to compensate for half of that deficit.
- The \$2.2 million approved by the Board compensates for the Title I reduction of \$1.9 million and the CDC reduction of \$300,000. The funds preclude service cuts for YR 16 Title I or II programs. Mr. Pérez noted that the budget request and option to transfer the \$2.2 million does not mean that all those funds will automatically be transferred.
- The transfer does not address the remaining \$800,000 of the previously identified OAPP deficit. Efforts to identify those issues continue.
- Regarding reauthorization, Mr. Pérez reported that he and several others from southern California, including Phil Curtis, William Strain and Kyle Baker, attended the AIDSAction summer meetings. There was little new information, though a

bipartisan/bicameral internal staff meeting was anticipated on Friday. Ms. Watt noted that she is a PPC Co-Chair and representative of UCHAPS, which is a member of AIDSAction.

- He reported that use of a proxy number in reporting had fallen from favor and would not be included in the final legislative language. Members of Congress are seeking ways to calculate HIV burden across the country that meets the satisfaction of multiple constituencies in New York, New Jersey, Florida and Texas, as well as California and specific, concerned members of Congress.
 - Ms. DeAugustine felt the window for Reauthorization this year was shrinking. Mr. Pérez reported that it was thought that Reauthorization would be completed by July 28th or discussions would continue into the next cycle. There is, however, strong impetus for its passage in both houses.
 - Mr. Pérez supported working through the LA County congressional delegation if HRSA continues to be unresponsive to the FOIA requests. Pressure on Dr. Duke could be helpful. He continued that he felt there was a national urgency to make the HRSA process more transparent, so there would be support for our requests. The line of authority goes from HHS to the Executive Branch, though Congress is the arena of greatest accountability.
 - Mr. Vincent-Jones reminded that, if Reauthorization does not pass, current legislation will continue. Under current legislation, inclusion of HIV case reports from name-based systems would begin in October 2006. That would require advocacy to address that issue.
 - Ms. Rumanes provided information on OAPP's Counseling and Testing Week. The annual campaign is sponsored by NAPWA. In its 10th year, it encourages testing on June 27th. LA County has participated for 9 years and has expanded the day to a week.
 - Previously, OAPP used the week to launch the year's social marketing campaign. The methodology was reviewed in 2005 to improve targeting. Prevalence, incidence and high risk behaviors were reviewed by SPA. Zip codes were identified for targeting, along with populations of African-American and Latino men aged 18 to 34.
 - With the 2005 approach, California AIDS Hotline calls and website hits increased, and 700 individuals were tested during the week. The positive rate was approximately 1.4% for 2005 as a whole, but increased to 2.4% for Counseling and Testing Week. Community provider surveys complimented the methodology, but requested more involvement.
 - For 2006, the methodology was retained but the age range for African-American and Latino men was expanded to 18 to 44, regardless of behavioral risk group.
 - Two community provider coordinators worked on the project and four meetings were held with providers. A variety of media outlets were also used, including broadcast media, podcasts and collaboration with Kaiser—arranged through the Commission's Health Systems Task Force—and several pharmaceutical companies to promote various events.
 - Preliminary reports gathered from providers are that approximately 1,500 tests were done, 80% of them rapid tests. The preliminary positive rate is about 2%. HIV LA website hits have increased 200% to 300% over last year.
 - Mr. Hamilton expressed a lack of input from community providers not contracted through OAPP. He felt opportunities were lost by not reaching out to those partners in the community. Also, contracted providers may not represent all community viewpoints of the most effective forms of outreach. Ms. Rumanes noted collaboration has improved over the last nine years, but the goal remains to improve it further.
 - Mr. Goodman asked if there were different campaigns for different risk groups. Ms. Rumanes replied there were multiple campaigns, both materials sponsored by OAPP and other materials developed by providers to target their populations.
 - Mr. Pérez added that provider coordination began four months prior to the event, earlier than any previous year. Emphasis was placed on contracted providers since OAPP can ensure engagement with them. There are 1,200 tests with 18 diagnoses in a typical week. For this week, focused on 15 of the 58 zip codes, about 1,500 people were tested with 30 diagnoses.
- ➡ It was agreed that Ms. Rumanes will prepare written summary report on the project.

A. Medical Outpatient Rate Study:

- Mr. Vincent-Jones said conflict-of-interest rules for providers participating in this discussion was reviewed and was found not to apply because the CARE Act requires provider input. The Commission's conflict-of-interest policy pertains to the discussion leaves the arena of Title I or II funding. In that unlikely case, it would be necessary to participate as public only, but was not anticipated to be relevant to this discussion. As a common practice in other financial discussions, however, providers were asked to identify themselves and their services.
- Mr. Villegas-Griggs noted that Mercer would also be assisting OAPP in the design of the solicitation documents. He said that he thought it would be a conflict-of-interest since it would offer an unfair advantage in responding to RFPs. Mr. Vincent-Jones responded that he did not believe the discussion at this meeting would encompass those elements.
- Mr. Pérez introduced Mercer consultants Terri Goens, Melanie Sovine and John Villegas-Griggs for a PowerPoint presentation on the rate study.
- Mr. Villegas-Griggs began by noting the overarching principle is to reform rate development. Previous approaches began with a fixed sum and divided it among providers. Standards and expectations were then driven by available funds. This approach begins with standards and expectations. Funding is then directed according to desired outcomes.

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- Review of current reimbursement rates and recommendations for fee-for-service (FFS) rates were done on core Ambulatory Medical Outpatient Services, as well as relevant peripheral services.
- In addition to standards, specifics like statutes, rules, contracts and best practices, both local and national, were investigated in order to develop service descriptions.
- Stakeholder interviews were conducted with providers, physicians and regarding the Continuum of Care model and written comments were solicited from Commissioners.
- Liquidity ratios were developed to determine the financial health of the local provider community.
- Costs are studied to determine relationships between cost components. For example, a single cost component is chosen that will vary most responsibly with the construction of the standards and then other cost components are anchored to that one. Direct care staff is often chosen for this since staffing is most likely to change depending on the standards.
- Sometimes cost components are not consistent across providers. When that occurs, the situation is reviewed to determine whether differences are based on distinctive provider needs or whether they are aberrant.
- Standardized rates improve cost predictability, better connect funding with purchased care and allow clients to move among providers more easily.
- Mr. Land asked if California fee schedules (MediCal/Medicaid and FQHC) were reviewed, to which Mr. Villegas-Gruggs that they had been. He informed Mr. Land that a third party liability review was done to ensure payer of last resort funding. Dr. Sovine added that the eligibility review will be folded into the process.
- Answering another question, Mr. Villegas-Gruggs said modeling files were created, not simply fee schedules, which can be used to create both rates and adjust them as necessary.
- Mr. Page asked if non-contracted service providers were included in the review process. Dr. Sovine said HIV providers were invited to a forum to contribute to service description development.
- Mr. O'Brien noted he represented both the LA Gay and Lesbian Center and the HIV and AIDS Medical Outpatient Services Providers for Los Angeles County, which represents providers funded by OAPP. The service provider group has met regularly. His own agency participated in a conference call with Mr. Villegas-Gruggs toward the beginning of the process, he said, but no other agencies had participated in focus groups or any other such activities. He requested a listing of participants. Ms. Sovine said a list of invited providers, who represented them and the date of their meeting was in the final report. Providers were selected by OAPP and invited by letter. Mr. Pérez committed to provide the list following the meeting.
- Mr. Braswell noted that Commissioners had a legitimate concern to ensure appropriate participation. He asked if there were a way for the information to be provided prior to release of the final report. Mr. Pérez recommended that, rather than attempting to release the report en toto at this time, OAPP could prepare a memorandum to the Commission with the list of providers who participated in the process.
- Mr. O'Brien said the Medical Outpatient Service Providers group generated three letters, including a 05/27/05 request to be included in the process along with comments on the significance of a rate study on a system of care. He will provide copies electronically for the Commission.
- Dr. Younai noted agencies vary with location, populations, efficiency and ability to meet standards. Mr. Villegas-Gruggs replied that the structure of the rate system was designed to be malleable so that it could be varied as appropriate.
- Ms. Palmeros asked when the rate study was first considered. Mr. Pérez replied discussions began in 1996. She then asked why the subject was raised since currently many services are networked supportively with medical, for example, treatment advocates, social workers and outreach workers. Mr. Villegas-Gruggs said that, while direct care staff is the cost component, other staff components are included and linked to them.
- Mr. Villegas-Gruggs continued that originally the CARE Act was expected to be a transitional program to Medicaid. Rate development is always made compliant with Medicaid so they will be compatible if the CARE Act is ever transitioned, as is being done in Oregon.
- Dr. King added that the current system is unequal, with different agencies being paid differently. The new rate structure will standardize rates and standards across providers.
- Mr. Engeran asked how Commission standards and the Standards of Care (SOC) Committee were integrated. Mr. Villegas-Gruggs replied that line items were identified in the standards, then connected them to a chart of accounts to ensure appropriate grouping. The biggest complexity is between direct care staff and program-related expenses.
- Dr. Sovine added that standards developed by the SOC were provided to Mercer, plus standards attached by OAPP to contracts, protocols and standards from the State of California, and the Public Health Services Primary Care Standards.
- Mr. Engeran noted there was a buffer, based on provider size, in the Residential and Substance Abuse rate studies. He asked if this study used methodology to adjust for various entities, like city, County and private. Mr. Villegas-Gruggs said the system discriminates between clinics connected to hospitals and those that are not. While scale differentials address differing costs between large and small organizations, the need for them is reduced by billable units that

emphasize equivalencies across providers, like a billable unit of one day for residential care as opposed to visits. The number of visits might vary by provider, but one day is one day.

- Ms. DeAugustine said the nurse to patient ratio of 2 to 1 would have been difficult even without the current nursing shortage. She noted she had been trying to replace one nurse who left for a year without success. Mr. Villegas-Griggs replied that it was necessary to either institutionalize the standards or the events. Dr. Sovine noted the recommended staffing ratio does not exceed the current public health standards and does increase financial ability to provide staff.
- Ms. DeAugustine asked how different types of primary medical visits would be billed. Dr. Sovine said each face-to-face encounter is billable unless, as is now the case, a client only comes in to get a lab result. She added this is not a managed care model.
- Ms. Watt, who has been working for 16 months under the new Substance Abuse Rate Study, said it has been very beneficial. The first year has required a complete change in how business is done, but the clients have benefited.
- Mr. O'Brien recommended a pilot program. He noted that, while "face-to-face visit" billable units offer presumed discretion in providing needed ancillary care, the actual rate will impact what can afford to be provided. Mr. Villegas-Griggs said the rates support the standard. There is no data supporting data by CTP4 code for ambulatory outpatient.
- Dr. Younai said the SOC Committee has had rate studies as a standing agenda item for some time. Previously Diana Vasquez and now Dr. King have regularly attended meetings. The SOC has routinely asked to be involved in the rate study process, but that has not occurred. Ms. Goens clarified that OAPP and the Auditor-Controller are Mercer's clients and they identify who Mercer contacts. Mr. Vincent-Jones said the rate study began before SOC started standards development but, due to rate study delays and SOC moving its schedule up, the standards were incorporated into the rate study.
- Mr. Land expressed concern that lower client numbers may impact services in the Antelope and San Gabriel Valleys.
- Ms. Palmeros asked when the rate study would be implemented. Mr. Pérez replied the original target was to implement in YR 17, but it will take until YR 18 in order to finalize the study, release an RFP and implement the rate.
- Dr. Varela expressed concern that moving from a set funding stream to a rate funding source could result in unintentional sidelining of some services. In previous experience, he had found that services needed to be unbundled and reconfigured in order to effectively utilize the new system since the scope of services and the funding stream need to interrelate.
- Mr. Vincent-Jones said the service descriptions, architecture and the conceptual framework, as well as their proper implementation, will return for final comments from the Commission at the September meeting. Comment on other aspects of the rate study will go to OAPP.
- Dr. Younai said Mercer assistance in comparing the service description with the standards would be helpful. It was agreed to provide written communication from the SOC to OAPP in order to coordinate Mercer assistance.
- Mr. Braswell reminded everyone that there were two separate tracks for comments depending on whether they came from the SOC or from the providers. Providers should contact OAPP directly.
- Mr. Farias said he thought much of this discussion pertains to the MOU. Mr. Vincent-Jones said staff is currently working on the finalizing the draft MOU.

B. Miscellaneous: The packet included a memorandum from John Schunhoff, PhD, confirming Mr. Pérez' appointment as Director, Office of AIDS Programs and Policy.

13. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye said collection of cases under the new names reporting law had begun. Rules, as reported earlier, were still under discussion. To date, only cases with a laboratory report indicative of HIV with a viral load and Western Blot-confirmed. That excludes retroactive reports and reports that included a consent form prohibiting name reporting.
- When a consent form is identified that excludes reporting by name, HIV Epidemiology is contacting the clinic to request the form be changed.
- The law has additional security and confidentiality issues. That requires technical adjustments at laboratories, for example, to exclude faxed reports. Additional HIV Epidemiology database adjustments were being made, for example, for matching algorithms for names.
- Information packets on the new law have been sent to laboratories and providers. Second notices have been sent to laboratories that have not yet reported or have reported incorrectly. Reports will begin to go to the State in August. Ms. DeAugustines added that the AIDS Directors were promised a letter of intent through their newsletter in two weeks. It has not been posted after six weeks.
- Mr. Engeran asked if the promised State guidance on intent language had been received. Dr. Frye responded that there have been monthly teleconferences with the State. Specific guidance has not yet been received. LA County Counsel was coordinating rules and procedures with County Counsels around the state. Those deliberations have resulted in a conservative approach.

- Mr. Vincent-Jones contributed that he had asked directly a few days previous and had been told it was not available. There has also been no response to the Commission's letter.
- He asked if the issue was of sufficient importance to generate urgent technical amendments legislation. Ms. DeAugustine recommended the Health Officers letter to the Office of AIDS. She said it was very specific. Dr. Frye has requested that he be included as a surveillance person. He noted that, while the law looks as though it supports retroactive reporting, the support is very limited and specific.
- It was agreed to refer the subject to the Public Policy Committee for further action.

14. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that the meeting the prior week included a presentation by Michelle Kipke and George Weis, Children's Hospital, "Emerging Into Adulthood, A Longitudinal Study of Young MSMs and Their Risk for HIV". They will be returning periodically to update the information.
- An Ad Hoc Public Policy Committee has been added. A lesson on the legislative and budget process was presented at the last meeting.
- Another new member, Regina Brandon, has been added to the PPC.

A. Heterosexual Males at Sexual Risk:

- Mr. Bunch said the PPC had examined whether or not heterosexual males should be added to the BRG Prevention Model in Los Angeles County. The question arose in the process of reviewing the Prevention Plan.
- Dr. Frye had provided a presentation to the PPC which identified 5% of recent AIDS cases as Heterosexual Males. The PPC felt there was insufficient information to make a determination at the time, but decided to study the subject further.
- Cases for a five year period show Hispanic (258 cases, 7.49%) and Black (114 cases, 6.49%) as the leading racial groups. By SPA over five years, Antelope Valley (1), San Gabriel Valley (3), South (6) and East (7) are above the 5% average.
- A survey was conducted in August 2005 of agencies that OAPP identified as receiving funds for women at sexual risk or female injection drug users. The survey was of both those women and their partners. Of the identified agencies, 17 were surveyed, of which 15 served males.
- It was found that targeting Heterosexual Males at Sexual Risk (HMSR) was difficult without also targeting their female partners. They also are reluctant to participate and follow-up on services. Such services often leave them out.
- HMSR often are reached through presentations targeting their partners, including domestic violence and sexual assault groups, pre-K groups and prenatal clinics. Outreach is also done through dance clubs, various community events, motorcycle clubs, churches and shelters. One agency that works with the homeless provides snacks, food, risk behavior assessment and referrals.
- Younger HMSR are more receptive than older HMSR. Day laborers are particularly difficult to reach because of their other life challenges. The assumption by many that HMSR are actually MSM increases resistance to services. There is also a lack of services targeted to HMSR.
- A safe, comfortable space where HIV can be part of a broader discussion is best. Identification of gatekeepers is important. Websites are preferred to brochures. "High risk" needs to be clearly defined.
- Health Education and Risk Reduction (HERR) services are provided in various environments like Women at Sexual Risk (WSR) groups, teen clinic groups, Job Corps workshops for men and individual interventions. LAUSD also refers youth > 13 years old for assessment.
- HERR challenges include a negative attitude toward condom use despite not being monogamous and gender roles. Staff competency is important and male outreach staff helpful in establishing trust and rapport. HMSR are uncomfortable with the subject, often feel HIV does not affect heterosexuals and may suffer from homophobia.
- Counseling and Testing (C&T) services are offered variously, including through holiday events, on-site testing offered to entire families and mobile van.
- It is most effective to reach HMSR through partners or family and seek to enhance their education. "Machismo", tattoo risks and sexual addiction should be addressed. Outreach needs to include prostitutes and transgenders. Emphasize cooperation with other systems of care, like reproductive health, and cooperation among agencies.
- While some respondents felt accessing HMSR through WSR was useful, others felt other more useful targets would be heterosexual men of color, massage parlors and sex clubs. It was suggested that more specifically heterosexual curricula would be valuable. It was suggested that services for the undocumented be distributed directly to them.
- While some respondents felt the BRG format should be replaced with a venue-specific one, others felt it should be expanded.
- Countywide Risk Assessment Survey (CRAS) is sponsored by OAPP annually with virtually all prevention providers participating. Agencies randomly select clients and interview them.

- Of the 2004 CRAS survey participants, 33.9% (1,710) had no identified risk, with 43.6% (745) of those identifying as having sex with women only. Of those having sex with women only, 57% reported at least one sexual partner in the six months prior to the survey, with an average of 3, and 83.8% reported inconsistent condom use.
- Some form of outreach was received by 58.5% of heterosexual males having sex with women and 71.6% of those abstaining.
- The PPC Evaluation Subcommittee is evaluating whether adding "...and their partners" to some BRGs translates into meaningful, reimbursable interventions to sexual and drug-using partners.
- It was agreed to develop more secondary data.
- Mr. Goodman asked how HMSR are defined since some of those on the "down-low" identify as heterosexual. Mr. Bunch replied that it is restricted to no other risk besides sex with a woman. Mr. Goodman asked if this is self-reporting. Mr. Bunch said the AIDS data is based on surveillance reports of staff or physicians based on their assessment of clients. Over 40% of AIDS cases have no risk information, so data is statistically adjusted to be consistent with interview data.
- Dr. Frye added that categories like WSR are being revised. The current CDC definition of WSR requires the person to have had sex with an MSM, IDU or a PWH. As that does not encompass all data, a model based on applying past breakouts is used to estimate other risk factors.
- Dr. Frye said the National HIV Behavioral Survey (Trista Bingham, HIV Epidemiology, Project Officer), started with MSM and has just finished with IDUs.
- Formulative research is now being done on the next survey which will interview 500 heterosexual men and women. Because of the difficulty in defining "heterosexual risk", surveys are being targeted geographically by census tract with the highest number of heterosexual identified cases and poverty. The survey has many behavioral questions to enhance understanding of this subpopulation that can be used to better reach and engage them in services.
- Mr. Pérez said the CRAS study is self-reported data. Historically, many self-reported heterosexual male cases are eventually reclassified into another BRG. That makes the data more difficult to interpret. In addition, Bienestar did a survey of day laborers. 4,800 men were sampled. About 35% (1,710) acknowledged being solicited for sex with about 10% agreeing, but there were no tests identifying how many men, if any, were HIV+. The question remains as to the actual risk in LA County.
- Mr. Butler said there seemed to be consensus among providers that more needs to be done to reach the general population. There also seemed to be a disconnect between the general population's understanding of HIV and the data. He asked if other, non-BRG, approaches were being explored. Mr. Bunch replied that large numbers of heterosexual men were seeking service, though it was not certain if those services were reimbursable. Most programs providing the services targeted WSR and FIDU and were interfacing with the needs of heterosexual males. Other interfaces of value to heterosexual men should be explored.
- Dr. Frye noted that Dr. Frank Galvan, Drew University, had just published a study of day laborers. Mr. Goodman said that targeting general populations, like businesses and schools, everyone is swept in without the need to identify BRGs. Mr. Bunch noted that, with declining resources, it is difficult to be effective for a diverse population of 10 million people. The BRG model was developed to better target those people most at risk.
- Ms. Watt said the PPC is under no illusion that it has sufficient resources to provide compatible prevention services for everyone. The goal is to provide prevention, testing and counseling services to those most in need.
- She continued that the PPC seeks to expand on their understanding, look at new trends and respond to them. Currently, the two top trends being reviewed are recommendations from the task forces on crystal meth and African-American MSM.
- Regarding heterosexual men, Ms. Watt felt there had been improvement with more programs expanding from their WSR and FIDU programs to target partners rather than only GLBT men.

15. TASK FORCE REPORTS:

- A. Commission Task Forces:** There were no reports.
- B. Community Task Forces:** There were no reports.

16. SPA/DISTRICT REPORTS:

- A. Commission Task Forces:** There were no reports.

17. STANDING COMMITTEE REPORTS:

A. Finance Committee:

1. *YR 14 Assessment of the Administrative Mechanism (AAM):*

- Mr. Hauptert thanked staff of OAPP, DHS and the Commission for all their assistance. Assessing the efficiency and effectiveness of the administrative mechanism partners is one of the legislatively mandated responsibilities of the Commission. The report builds on last year's report as the second year of a two-year contract.
- The three types of data collection used were a literature review including documentation of individual contracts and contract processes, 16 non-provider key informant interviews and a survey of a representative sample of providers including those providing different types of contracts.
- Thirty (30) contracts were selected through a blinded process with 24 additional contracts identified as back-ups. Contractors for 22 contracts were ultimately surveyed. Due to the blinded selection process, there was some overlap with 18 providers surveyed.
- The relationship area won the highest scores and the systems category the lowest. Scores overall were slightly lower than last year. It is planned to conduct a larger survey to identify whether or not the somewhat lower scores indicate a trend. Overall, however, the administrative mechanism continues to work well and is well regarded.
- Since work continues on previous recommendations, recommendations this year were made very selectively:
 - a) OAPP should conduct one well-publicized community-wide procurement orientation per year targeted to potential new providers to ensure an open process.
 - b) OAPP should annually present to the BOS and the Commission an outline of processes for review of contractors with contracts to be renewed and review criteria used to evaluate responses to RFPs.
 - c) An orientation should be presented annually to providers on the new Countywide grievance process.
 - d) Agency responses to administrative reviews have slowed, with virtually no agencies able to maintain the corrective action time schedule. It is recommended that OAPP review strategies to reduce the time between issuance of findings and the date of all items received to an average of two months with a median of 90 days.
 - e) It is recommended that the DHS Centralized Contract Monitoring Division improve orientation of agencies for the fiscal audit and, if possible, conduct audits more quickly. DHS staff could accompany OAPP on their administrative site visits, for example, to assist in identifying materials that will be required by DHS later.
- Mr. Hauptert added the report also includes: time bars on agency responses to recommendations; an RFP process time flow chart; a merge table of recommendations from this and previous years; and a section of 22 observations categorized as generally positive, negative or not yet known.
- Mr. Vincent-Jones said the report was open for Public Review until the September meeting, but the contractor was under no obligation to make changes to his report, because the Commission accepts it, but does not approve it, because it is a consultant's review of a process in which the Commission participates. The recommendations must be approved by the Commission.

2. *OAPP Budgeting and Resource Reporting:* Mr. O'Brien called attention to a Finance Committee memorandum in the packet detailing progress with OAPP on incorporating additional budget and resource information into an accessible format. It has proven to be more difficult than anticipated to incorporate the information into the existing spreadsheet format. While that has resulted in a slight delay, information will be available for the planning process annually. He noted that there are not specific "totals" at any given point in time, because different grants have different funding cycles. Nevertheless, the information will significantly improve planning.

3. *Financial Reports:* There was no additional information necessary to describe the reports since they represent the beginning of a grant year.

B. Public Policy Committee:

1. *CARE Act Reauthorization:* Due to time limitations, additional discussion on this subject was postponed.

2. *AB 2280: HIV Counseling:*

- Mr. Engeran recommended that, as the Commission had already discussed the item for some time, the motion to support the bill be adopted, with reservations. The reservation noted is that if the County DHS/DPH will agree in writing to engage in a process of evaluating the HIV counseling model, then the Commission would recommend that the sponsor withdraw the bill.
- Ms. DeAugustine said the State had agreed to do that. They were already working with providers to look at and change the guidance on testing and counseling regarding who's tested and how testing is reimbursed. Several providers in the Los Angeles area are concerned that OAPP do the same. While opposed to the bill, she agreed with the compromise. Mr. Vincent-Jones noted that the same confirmation is not being asked of the State. Ms. DeAugustine said that was moot since the State was already acting.

- Mr. Butler felt this was a regulatory issue that should not be in legislation. Mr. Engeran said that was the basis of the compromise. He said the point of the bill was to come to some discussion and understanding of a new HIV counseling model, whether regulation moves forward or legislation is necessary.
- Mr. Goodman noted the bill had been expanded to include partners providing gonorrhea medication to their partners. He felt that was a valuable legislative action even though the counseling and testing part may be withdrawn.
- Ms. Avalos, Women Alive Coalition, said they oppose the bill. She noted that the Executive Summary said it was not to address or change behavioral risk groups, yet 40-60% of women testing HIV+, per OAPP, had no identified risk.
- In addition, she said, supposedly people receive a rapid test after signing an informed consent, but the sponsor states in the bill that current counseling and testing sites are beginning with a risk assessment rather than assessment being provided as education while waiting for test results. That process screens people out of testing access.
- Mr. Butler asked if this bill only pertained to State counseling and testing funds, to which Mr. Engeran responded that it did.
- Mr. Vincent-Jones asked if there was a Public Health position on the bill. Dr. King replied that it had not taken a position because it supported the STD part of the bill but not the HIV part. The latter it feels should be handled administratively. She added that the CAO was attempting to move the HIV aspect administratively.
- Mr. Engeran felt that he was not at liberty to adapt the motion further than was agreed at the Committee, but noted that the STD aspect could be addressed separately later. Ms. DeAugustine said a new vehicle is already being sought for the STD aspect of the bill.

MOTION #3: Support AB 2280, as presented (**Motion Revised to 3A**).

MOTION #3A (Engeran/Land): The Commission will adopt the recommendation of the Public Policy Committee to Support AB 2280, with reservations, and that if the Los Angeles County Department of Public Health will agree in writing to engage in a process of evaluating the HIV counseling model, the Commission would then respectfully recommend that the bill's sponsor withdraw the bill from the Legislature (**Motion Passes: 8 Ayes; 4 Opposed; 7 Abstentions**).

3. **Name-Based HIV Reporting:** Due to time limitations, additional discussion on this subject was postponed.
4. **Miscellaneous:** There were no additional comments

C. Standards of Care (SOC) Committee:

1. **Case Management, Transitional Services:**

- Dr. Younai presented a PowerPoint introduction to the standard being opened for Public Comment.
- The standard addresses two distinct populations: post-incarcerated; and runaway, homeless and emancipating youth.
- Services are intended to support self-sufficiency, for example, through individual plans and service coordination.
- While not licensed, transitional case managers must complete OAPP's HIV Case Management Certification Training and routine re-certification.
- Required supervision is by a case management-experienced Master's or Doctoral-level mental health professional.
- Studies have shown lower recidivism and better health among the post-incarcerated and increased linkages and participation in primary care among at-risk youth.
- Incarcerated outcomes are: A) Effectiveness, number not re-incarcerated after 6 months, 30%; B) Access, number contacted prior to release of those referred by Sheriff, 80%; C) Satisfaction, number reporting satisfaction, 90%.
- Youth outcomes are: A) Effectiveness, number with minimum quarterly HIV care, >90% or increase by 20%; B) Access, number in stable housing for six months, 40%; C) Satisfaction, number reporting satisfaction, 90%.
- Most Units of Service are in hours. Linked referrals constitute their own Unit of Service as do the number of clients.
- Public Comment will close August 2, 2006.
- Mr. O'Brien asked why this was carved out from Psychosocial Case Management, rather than addressed as a subpopulation within it. Dr. Younai replied that these subpopulations have needs that are both specialized and transitional to a degree that the Committee felt a separate standard was appropriate. Mr. Vincent-Jones noted that initial discussions focused on needs of youth being emancipated.
- It was asked if post-incarcerated referrals were only from the Sheriff. Dr. Younai said that, while not reflected on the slide, there is also an outreach component through both the jail system and other agencies.
- Mr. Farias said the standard seemed to be based on a limited timeline. Dr. Younai elaborated that the goal of these services is to assist the client in becoming self-sufficient so that, with independence, the person can move into regular services as quickly as possible.

2. **Hospice/Skilled Nursing:**

- Dr. Younai presented a PowerPoint introduction to the standard being opened for Public Comment.
- The standard addresses palliative nursing care for people in hospice and supportive care in nursing facilities.
- Key issues include flexibility, pain management, personal control and family involvement.
- Hospice programs and nursing services must be licensed by the California DHS with additional licensure for residential services.
- Hospice services focus on palliative, 24-hour care in multiple settings that are provided to those expected to live less than six months.
- Nursing facility services also provide 24-hour care, but it is intended to improve functioning.
- Services are intended to reduce the need for clients to move from one setting to another while enhancing privacy, independence, choice and safety.
- Outcomes are: A) Effectiveness, clients reporting pain/other symptom improvement, 70%; and clients leaving program other than by death, <10%; B) Satisfaction, clients reporting satisfaction, 90%.
- Direct Care staffing ratios must meet DHS/DSS licensure requirements, including: a Registered Nurse to supervise nursing care; a Social Worker with a minimum BA, supervised by a physician; and attendants who are Certified Nursing Assistants or Home Health Attendants. Occupational and Recreational Therapists are optional.
- Service units are resident days for residential hospice or nursing facilities and the number of clients.
- Public Comment will close August 2, 2006.

D. **Recruitment, Diversity and Bylaws (RD&B) Committee:** Mr. Butler noted there would be no August meeting.

1. **Member Duty Statements (Introduced):** Mr. Butler noted this was in the packet for review last month.
MOTION #4: Approve the duty statement for District Unaffiliated Consumer, as presented (*Passed by Consensus*).
2. **Member Duty Statement (New):** Postponed.
MOTION #5: Approve the remaining Commission seat duty statements, as presented (*Postponed*).
3. **Membership Drive/Recruitment:**
 - A revised new Commissioner application form was in the packet.
 - A returning commissioner application form is also almost ready for release with just a few corrections remaining.
4. **Voting Policy and Procedure:** Mr. Butler noted this was also in the packet for review last month.
MOTION #6: Approve the proposed Voting policy and procedure, as presented (*Passed by Consensus*).
5. **By-Law Revisions:**
 - The proposed By-Laws revision is in the packet for review.
 - New wording on Commission Co-Chairs clarifies that, as ex officio members of each committee, they are voting members who count towards quorum if they attend. They may also co-chair if a committee co-chair is not available.
 - The revision is being opened for Public Comment and will be presented for adoption at the September meeting.
6. **Sunset Review:** The packet included the Commission's self-evaluation required for the 2006 Sunset Review.
7. **Leave of Absence Policy and Procedure:** Postponed.

E. **Priorities and Planning (P&P) Committee:**

1. **YR 17 P-and-A Setting Evaluation:**
 - Mr. Land called attention to the memorandum in the packet that puts forward three recommendations to enhance the Priority- and Allocation-Setting Process:
 - ⇒ integration of the three oversight committees throughout the process;
 - ⇒ revision of the Service Category Summary Sheets; and
 - ⇒ development of "special population" criteria and definitions.
 - Also in the packet, and opened for Public Comment until the September meeting, was a revision of the Policy/Procedure for the Priority- and Allocation-Setting Framework and Process.**MOTION #7:** Approve the modifications to the annual priority-and allocation-setting process framework, as presented. (*Postponed to September*).

18. **COMMISSION COMMENT:** There were no additional comments.

19. **ANNOUNCEMENTS:**

- Mr. Braswell thanked those who came on time and stayed to the meeting's conclusion. In order to better evaluate attendance, meeting roll calls will be taken both at the beginning and the end of the meeting.
- He stated that he and Ms. Bailey were working hard to improve meeting flow so that business could be completed on time. They would be strict but fair with time limits and entreat all to attend on time.

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20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 2:00 p.m.

A. In Memory of Maxine Harris.

B. In Memory Of Eric Rofes.

C. Roll Call: End-of-the meeting roll call was not taken.

MOTION AND VOTING SUMMARY

MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the June 8, 2006 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Support AB 2280, as presented.	<i>Revised to 3A.</i>	REVISED
MOTION #3A (Engeran/Land): The Commission will adopt the recommendation of the Public Policy Committee to Support AB 2280, with reservations, and that if the Los Angeles County Department of Public Health will agree in writing to engage in a process of evaluating the HIV counseling model, the Commission would then respectfully recommend that the bill's sponsor withdraw the bill from the Legislature.	<i>Ayes: Braswell, Carter, DeAugustine, Engeran, Farias, Goodman, Skinner, Younai</i> <i>Opposed: Bailey, Butler, Hamilton, Orozco</i> <i>Abstention: Goddard, Land, Long, Nollado, Palmeros, Varela, Woodard</i>	MOTION PASSED Ayes: 8 Opposed: 4 Abstentions: 7
MOTION #4: Approve the duty statement for District Unaffiliated Consumer, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Approve the remaining Commission seat duty statements, as presented.	<i>Postponed</i>	POSTPONED
MOTION #6: Approve the proposed Voting policy and procedure, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7: Approve the modifications to the annual priority-and allocation-setting process framework, as presented.	<i>Postponed</i>	POSTPONED